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| To:         | MS: AF             | FROM:               | William J. Allen        |
|-------------|--------------------|---------------------|-------------------------|
| COMPANY:    | U.S. Patent Office | DATE:               | October 31, 2005        |
| FAX NUMBER: | 571-273-8300       | TOTAL NO. OF PAGES: | 17 including cover page |
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PTC/SB/21 (19-04)

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| TDANOMITTA   | Application Number 09/935,5                                       |  |   | 5  | $\supset$ |   |  |
|--|---|--|---|--|-----------|---|--|
| TRANSMITTA<br>FORM   | Filing Date   |  | August 24                                     |  |           |   |  |
| PORIVI   | First Named In  | ventor   | Hartwig                                       |  |           |   |  |
|  | Art Unit  |  | 2152  |  |           |   |  |
| (to be used for all correspondence afte  | Examiner Nam  | e  | Fleary  |  |           |   |  |
| Total Number of Pages in This Submit   |   | Attorney Docke   | et Number                                     | 006916.00  | 0002      | フ |  |
|  | ENCLO   | SURES (check al  | i that apply)                                 | -  | <u> </u>  |   |  |
| Fee Transmittal Form   | ☐ Drawing(s)  |  | After Allowance Communication 1 > TC          |  |           |   |  |
| ☐ Fee Attached   | Licensing-related Papers  |  |   | Appeal Communication to Board                            |           |   |  |
|  | Petition  | <u> </u>   |   | of Appeals and Interferences  Appeal Communication to TC |           |   |  |
| Amendment / Reply  |   |  |   | (Appeal Notice, Brief, Reply Brief)                      |           |   |  |
| After Final  | Petition to Convert to a<br>Provisional Application               |  | Proprietary Information                       |  |           |   |  |
| Affidavits/declaration(s)  | Power of Attorney, Revocation<br>Change of Correspondence Address |  |   | Status Letter  |           |   |  |
| Extension of Time Request  | Terminal Disclaimer   |  | Other Enclosure(:) (please identify beforif): |  |           |   |  |
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| Express Abandonment Request  | CD, Number of CD(s)   |  |   |  |           |   |  |
| Information Disclosure Statement   | . 🗆 Lan   | ☐ Landscape Table on CD  |   |  |           |   |  |
| Certified Copy of Priority Document(s)   | Remarks   |  |   |  |           |   |  |
| Reply to Missing Parts/  | to Deposit Ac   | The Commissioner is authorized to charge any fees in connection with this correspondence to Deposit Account No. 19-0733. |   |  |           |   |  |
| Incomplete Application   |   | •  |   |  |           |   |  |
| Reply to Missing Parts under 37 CFR1.52 or 1.53  |   |  |   |  |           | - |  |
|  |   |  |   |  |           |   |  |
|  | NATURE OF A   | APPLICANT, AT  | TORNEY, O                                     | RAGENT   |           |   |  |
| Firm   | Banner &  | Banner & Witcoff, Ltd.   |   |  |           |   |  |
| Signature  | W.OD.   | W. Olm 51.393  |   |  |           |   |  |
| Printed Name   | William J. A  | William J. Aller   |   |  |           |   |  |
| Date   | October 31  | october 31, 2005 Reg. No. 5,1393   |   |  |           |   |  |
| CERTIFICATE OF TRANSMISSION/MAILING  |   |  |   |  |           |   |  |
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This collection of Information is required by 37 CFR 1.5. The Information is required to obtain or retain a benefit by the public which is to like (and by the US \*TO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 12 minu as to complete, in luding gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments in the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Office, U.S. Petr it and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Fees pursuent to the Consolidated Appropriations Act, 2005 (H.R. 4818),

FFF TRANSMITTAL

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OCT 3 1 2005

Complete If Known

09/935,545

**2**003/017

F TO/SB/17 (12-04v2)
Approved for use through 07/31/20 36, OMB 0661-0032
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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Application Number

| for FY 2005   |                                |                       | Date                                 | August 24, 2001       |                            |                                |
|---|--------------------------------|-----------------------|--------------------------------------|-----------------------|----------------------------|--------------------------------|
|   |                                |                       |                                      | Hartwig               |                            |                                |
| Applicant claims small entity status. See 37 CFR 1.27     |                                |                       | Named Inventor                       |                       |                            |                                |
|   |                                |                       | niner Name                           | Pleary                |                            |                                |
| TOTAL AMOUNT OF PAYMENT                                   | (\$) 120                       | Art U                 | ney Docket No.                       | 2152<br>006916.00002  |                            | <del></del>                    |
|   |                                |                       |                                      |                       |                            |                                |
| METHOD OF PAYMENT (check                                  | all that apply)                |                       |                                      |                       |                            |                                |
| ☐ Chcck ☐ Credit Card ☐ N                                 | Money Order 📋 None             | ☐ Other               | (please identify                     | v) :                  |                            |                                |
| Deposit Account Deposit Account                           |                                |                       |                                      | ount Name: Bann       |                            | <u>f, LT D.</u>                |
| For the above-identified d                                | eposit account, the Direc      | tor is hereb          | y authorized to:                     | (check all that appl  | <b>y</b> )                 |                                |
| Charge fee(s) Indic                                       | ated below                     |                       | Char                                 | ge fee(s) indicated   | bekiw, excep               | t for he filing fee            |
|   | nal fee(s) or underpayme       | ents of fee(s         | ) 🔀 Cred                             | it any overpayment    | s                          |                                |
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| Information and authorization on PTO-                     | 2038.                          |                       |                                      |                       |                            |                                |
| FEE CALCULATION   |                                |                       |                                      |                       |                            |                                |
| 1. BASIC FILING, SEARCH, A                                | ND EXAMINATION F<br>5 FEES     | EES<br>Searci         | u eceò                               | EVAMINAT              | TION FEES                  |                                |
| Field   | Small Entity                   | SEARGI                | Small Entit                          |                       | mali Entity                |                                |
| Application Type Fee (\$                                  | ) Fee(\$)                      | Fee(\$)               | Fee(\$)                              | Fee(\$)               | Fee(\$)                    | Fres Paid (\$)                 |
| Utility 300   | 150                            | 500                   | 250                                  | 200                   | 10)                        |                                |
| Design 200  | 100                            | 100                   | 50                                   | 130                   | 65                         |                                |
| Plant 200<br>Reissue 300                                  | 100<br>150                     | 300<br>500            | 150                                  | 160                   | 8)                         |                                |
| Provisional 200   | 100                            | 0                     | 250<br>0                             | 600<br>0              | 30·)                       |                                |
| 2. EXCESS CLAIM FEES                                      | 100                            | U                     | U                                    | V                     | ''                         | Small Entity                   |
| Fee Description   |                                |                       |                                      |                       | Fee (\$)                   | Fee (\$)                       |
| Each claim over 20 (including R                           |                                |                       |                                      |                       | 50                         | 25                             |
| Each independent claim over 30 Multiple dependent claims  | (including Reissucs)           |                       |                                      |                       | 1.00                       | 100                            |
|   | Claims Fee(\$)                 | Fa                    | e Paid (\$)                          |                       | : 60<br>Multiple           | 180<br><u>Depradent Claims</u> |
| 20 or HP=   | x                              | = _                   | _                                    |                       | Fee (\$)                   |                                |
| HP = highest number of total claims                       |                                |                       |                                      |                       |                            |                                |
|   | Claims Fee(\$)                 | <u>Fe</u>             | e Paid (\$)                          |                       |                            |                                |
| - 3 or HP=<br>HP = highest number of independed           | X                              | than 3                |                                      |                       |                            |                                |
| 3. APPLICATION SIZE FEE                                   | it double para for, it greates |                       |                                      |                       |                            |                                |
| If the specification and drawings of                      | xcccd 100 sheets of pap        | er (excludi:          | ng electronically                    | filed sequence or     | computer                   |                                |
| listings under 37 CFR 1.5;<br>sheets or fraction thereof. | 2(e)), the application siz     | e fee due is          | \$250 (\$125 for                     | small entity) for ea  | ach additional             | 1 50                           |
| Total Sheets Extra S                                      | Sheets Number o                | ເງສະແລ/ເ<br>feach ado | crk 1.16(s).<br>ditional 50 or       | fraction thereof      | Fee (\$)                   | Fee Paid (\$)                  |
| - 100 =   | / 50 =                         |                       | to a whole nu                        |                       |                            | =                              |
| 4. OTHER FEE(S)   |                                |                       |                                      | •                     |                            | Fee: Paid (\$)                 |
| Non-English Specification                                 |                                | _                     |                                      |                       |                            |                                |
| Other (e.g., late filing sure                             |                                | S120                  |                                      |                       |                            |                                |
|   |                                |                       |                                      |                       |                            |                                |
| SUBMITTED BY  |                                |                       |                                      |                       |                            |                                |
| Signature W. Com  |                                | 393                   | Registration No.<br>(Attorney/Agent) | 51,393                | T alephone                 | 312 463-5000                   |
| Neme (Print/Type) William J. A                            | ten )                          |                       |                                      |                       | C ate                      | Octr-ber 31, 2005              |

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